



VIA HAND DELIVERY MAY 26, 2004

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:  
Yoshimura et al.

Docket No.: PF613TD1

Application No.: 10/726,148-Conf #4267

Group Art Unit: 1652

Filed: December 2, 2003

Examiner: M. Monshipouri

For: Novel Protein and DNA Thereof

**AMENDMENT UNDER 37 C.F.R. § 1.115 AND  
PROVISIONAL ELECTION WITH TRAVERSE UNDER 37 C.F.R. § 1.143**

**MS Amendment**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

In response to the Restriction Requirement mailed April 28, 2004, please enter the following amendments and consider the following remarks and provisional election *with traverse*. Applicants submit concurrently herewith: (a) Fee Transmittal Sheet (in duplicate), with appropriate fee; (b) a Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence Address; (c) a Statement Under 37 C.F.R. § 3.73(b); and (d) an Information Disclosure Statement Pursuant to 37 C.F.R. § 1.56 with Form PTO/SB/08 and a legible copy of cited reference AC.

Please amend the claims as follows:

05/27/2004 ZJUHAR1 00000116 083425 10726148  
01 FC:1202 18.00 DA



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PTO/SB/17 (10-03)  
Approved for use through 7/31/2006. OMB 0651-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>FEE TRANSMITTAL</b> <b>for FY 2004</b> <small>Effective 10/01/2003, Patent fees are subject to annual revision.</small>		<b>Complete if Known</b>	
		Application Number	10/726,148-Conf. #4267
		Filing Date	December 2, 2003
		First Named Inventor	Koji Yoshimura
		Examiner Name	M. Monshipouri
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	1652
<b>TOTAL AMOUNT OF PAYMENT (\$)</b> 18.00		Attorney Docket No.	PF613TD1

<b>METHOD OF PAYMENT (check all that apply)</b>		<b>FEE CALCULATION (continued)</b>																																																																																																																																																																																												
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<input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: 08-3425 Deposit Account Name: Human Genome Sciences, Inc. <b>The Director is authorized to: (check all that apply)</b> <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s) <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.																																																																																																																																																																																														
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<b>SUBMITTED BY</b>		<b>(Complete (if applicable))</b>	
Name (Print/Type)	Mark J. Hyman	Registration No. (Attorney/Agent)	46,789
Signature		Telephone	(240) 314-1224
		Date	May 26, 2004